

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2002 calendar year, or tax year beginning

OCT 01, 2002, and ending

SEP 30, 2003

B Check if applicable  
Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization, number and street, city, town, street, and ZIP code

Pacific West Cancer Fund, Inc.

615 Barone Street Suite 301  
New Orleans LA 70113-

D Employer identification number

94-3065923

E Telephone number

206-575-8553

F Acctg. method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

G Web site: ▶

J Organization type (check only one) ☒ 501(c)(3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,937,936.

M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions.)

## 1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 2,638,199.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 2,521,500. noncash \$ 116,699.)

1d 2,638,199.

## 2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

## 3 Membership dues and assessments

3

## 4 Interest on savings and temporary cash investments

4

27,903.

## 5 Dividends and interest from securities

5

## 6 a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

## 7 Other investment income (describe)

7

## 8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis &amp; sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

## 9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

## 10 a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

## 11 Other revenue from Part VII, line 103

11

271,834.

## 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

2,937,936.

## 13 Program services (from line 2, column (B))

13

976,205.

## 14 Management and general (from line 44, column (C))

14

638,539.

## 15 Fundraising (from line 44, column (D))

15

1,237,459.

## 16 Payments to affiliates (attach schedule)

16

## 17 Total (add lines 16 and 44, column (A))

17

2,852,203.

## 18 Gross or (deficit) for the year (subtract line 17 from line 12)

18

85,733.

## 19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

288,556.

## 20 Other changes in net assets or fund balances (attach explanation)

20

## 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

374,289.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 117500 noncash \$ 116669)	22	234169.	234169.	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	25512.	25512.	
26	Other salaries and wages	26	5519.	1086.	3890.
27	Pension plan contributions	27			543.
28	Other employee benefits	28	5819.	5819.	
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	53766.	53766.	
32	Legal fees	32	37957.	7949.	30008.
33	Supplies	33	3200.	3200.	
34	Telephone	34	5461.	2881.	2580.
35	Postage and shipping	35	727446.	217520.	129059.
36	Occupancy	36	13764.	9176.	4588.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	374468.	113953.	48467.
39	Travel	39	16997.	5260.	11584.
40	Conferences, conventions, and meetings	40	1647.	1647.	153.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	6180.	6180.	
43	Other expenses not covered above (itemize) a SEE STMT	43a	1340298.	383892.	319726.
	b	43b			636680.
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2852203.	976205.	638539.
					1237459.

Joint Costs. Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 1748721., (ii) the amount allocated to Program services \$ 574270.,

(iii) the amount allocated to Management and general \$ 200361., and (iv) the amount allocated to Fundraising \$ 974090.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions)What is the organization's primary exempt purpose? ☒ Cancer Education, Prevent

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses** (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	Medical Research for the cure of and lessening the effects of Cancer	(Grants and allocations \$ 66000.)	69845.
b	Providing academic assistance to a cancer survivor	(Grants and allocations \$ 1500.)	1500.
c	Providing medical assistance in impoverished counties	(Grants and allocations \$ 166669.)	239642.
d	Providing information and awareness about cancer and prevention and lessening its effects through early detection and lifestyle choices	(Grants and allocations \$ )	665218.
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		976205.

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**Part IV Balance Sheets** (See Specific Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	135,252.	45	61,901.
	46 Savings and temporary cash investments	587,596.	46	248,877.
	47 a Accounts receivable	82,861.		
	b Less allowance for doubtful accounts		47 c	82,861.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	400,000.	54	422,688.
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55 c	
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment basis	137,806.			
b Less accumulated depreciation (attach schedule)	116,462.	11,412.	57 c	21,344.
58 Other assets (describe <input type="checkbox"/> )		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,214,260.	59	837,671.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	975,704.	60	463,382.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 Total liabilities (add lines 60 through 65)	975,704.	66	463,382.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	288,556.	67	374,289.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	288,556.	73	374,289.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,264,260.	74	837,671.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 12, Form 990.	<b>b</b>	
(1)	Net unrealized gains on investments \$		
(2)	Donated services & use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line a but not on line 17, Form 990.	<b>b</b>	
(1)	Donated services & use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Jim Birt Colquette MN	Chairman 5	0		
Loftin Sproles Baton Rouge	Treasurer 5	0		
Tom Jones Hornbeck LA	Secretary 5	0		
Christi Crandall Seattle WA	Exec. Admi 40	25,512.		
John Tarver PhD Baton Rouge LA	Admin. 30	0		
Ted Duggan Natchez LA	Director 3	0		

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
If "Yes," attach schedule - see Specific Instructions.

☐ Yes ☒ No

Yes	No
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Form **990** (2002)

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions)

Note: Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees & contracts from govt agencies					
94	Membership dues & assessments					
95	Interest on savings and temporary cash investments					27,903.
96	Dividends & interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit/(loss) from sales of inventory					
103	Other revenue a					
b	List Royalty					271,834.
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))					299,737.
105	Total (add line 104, columns (B), (D), and (E))					299,737.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

103(b) Provide information to those expressing an interest in cancer & health related topics

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions.)(a) Did the organization, during year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Sign

L. J. Spindel

Date

4/28/04

Treasurer

Date

Check if

Preparer's SSN or PTIN (See Gen Inst W)

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information - (See separate instructions.)**

OMB No 1545-0047

**2002**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Pacific West Cancer Fund, Inc.

Employer identification number

94-3065923

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Washington List Corp 6849 Old Dominion Mc Lean VA 22101	Mailing List Rentals	314,721.
Southwest Publishings 2600 W Topeka Blvd Topeka KS 66618	Mailing & Printing	287,596.
Direct Response Consulting Services 6849 Old Dominion Drive Mc Lean VA 22101	Progamming & Fund Rs	195,276.
BEE LC 6849 Old Dominion Suite 320 Mc Lean VA 22101	Telemarketing	197,580.
Southwest Caging 5342 NW 25th Street Topeka KS 66618	General Mail Caging	122,056.
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2002**

**Part III Statements About Activities** (See the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2 a X

b Lending of money or other extension of credit?

2 b X

c Furnishing of goods, services, or facilities?

2 c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2 d X

e Transfer of any part of its income or assets?

2 e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3693299	4511527	5430139	4748812	18383777
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	299722	362400	357856	47522	1067500
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	3993021	4873927	5787995	4796334	19451277
<b>24</b> Line 23 minus line 17	3993021	4873927	5787995	4796334	19451277
<b>25</b> Enter 1% of line 23	39930	48739	57880	47963	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24.	▶	<b>26a</b>	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	<b>26b</b>	116996
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	<b>26c</b>	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	
e Public support (line 26c minus line 26d total)	▶	<b>26e</b>	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	<b>26f</b>	%

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year:

(2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	<b>27c</b>	18383777
d Add: Line 27a total _____ and line 27b total _____	▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	▶	<b>27e</b>	18383777
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶	<b>27f</b>	19451277
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	<b>27g</b>	94.51 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	<b>27h</b>	5.49 %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter - 0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter - 0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4- Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	
----	---	--

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

- b If "Yes," complete the following schedule**

[illegible]

## Grants and Allocations

US 990

990: Page 2, Line 22; 990-EZ: Page 1, Line 10

2002

Class of Activity	Donee's Name and Address	Relationship	Amount
Research	Louisiana State University	None	52,500.
Medical Relief	Medical Services Associaiton	None	50,000.
Research	Dr Jessie Jaynes PhD	None	13,500.
Scholarships	Univeristy of Idaho	None	1,500.
Medical Relief	University of Peruvian Amazo	None	36,011.
Medical Relief	Ministry of Health,J France	None	53,772.
Medical Relief	Ministry of Health, Alexandr	None	26,886.
			234,169.

# Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension** complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time-** Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension- check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Pacific West Cancer Fund, Inc.</b>	Employer identification number <b>94-3065923</b>
	Number, street, and room or suite no. If a PO box, see instructions <b>615 Barone Street Suite 301</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New Orleans LA 70113-</b>	

**Check type of return to be filed (file a separate application for each return)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 05/15/2004, 20\_\_  
to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year 20\_\_ or  
► ☒ tax year beginning OCT 01, 2002 and ending SEP 30, 2003
- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

## Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (12-2000)

- If you are filing for an automatic 3-month extension, complete only Part I and check this box ☒

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

- If you are filing for an additional 3-month extension, complete only Part II on page 1.

**Part II Additional (not automatic) 3-Month Extension of Time- Must File Original and One Copy.**

Type or print	Name of Exempt Organization	Employer identification number
	Pacific West Cancer Fund, Inc.	94-3065923
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the return. See instructions.	615 Barone Street Suite 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	New Orleans LA 70113-	

Check one of the boxes to identify the separate extension for each return.

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box ☐  
 • If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the group, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 08/15/2004, 2004  
 5 For calendar year \_\_\_\_\_ or other tax year beginning OCT 01, 2002 and ending SEP 30, 2003  
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension Organization has moved its offices and needs additional time to complete compilation and audit of its records to accurately file its federal 990 and 990A

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_  
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant-To Be Completed by the IRS**

- ☐ We are granting the 10-day grace period for late filing of the organization's return. The organization has a 10-day grace period from the date of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We are not granting a 10-day grace period.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Address for correspondence. Enter the address if you are filing a copy of this form with the IRS. If the address is different than the one entered above.

Type or print	Name
	Number, street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

**US 990****Other Functional Expenses: Page 2, Line 43****2002**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Artwork	33,126.	6,991.	2,848.	23,287.
Caging & Cashiering	76,877.	21,498.	32,633.	22,746.
Consulting	360,172.	134,691.	93,834.	131,647.
Data Processing	188,249.	63,158.	19,016.	106,075.
Mail House Fees	103,781.	31,932.	12,554.	59,295.
List Rentals	203,851.	55,860.	21,713.	126,278.
Internet Expenses	46,666.	46,666.		
Bank Charges & Fees	31,485.		31,072.	413.
Telemarketing	166,939.			166,939.
Insurance	2,045.		2,045.	
Office Expenses	28,715.		28,715.	
Registrations	4,953.		4,953.	
Moving	70,343.		70,343.	
Video	22,500.	22,500.		
Miscellaneous	596.	596.		
	1,340,298.	383,892.	319,726.	636,680.